	Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swest
<035>	Contact Telephone Number - Number of person identified in data line <030	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> cswset3scecomgroup.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <030	csweet@acecomgroup.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	310777MI1200.pd2
		Name of Attached Document
<1220>	Link to Public Website	
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

	ice Cap Carrier Additional Documentation ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	310777	
<015>	Study Area Name	Ace Telephone Co. of Mi, Inc. (Old Miss	sioni
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweetSacecomgroup.ccm	
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(ica Phase I support, frozen High Cost support, Hig	th Cost support to offset access charge reductions, and Connect America Phase II the documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		1 description
<2016>	Certification Support Used to Build Broadband		
F-012-92/92/2019	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>			
<2018>			
<2019>	Interim Progress Certification	*	
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II suppor addresses of community anchor institutions to which began providi preceding calendar year.	line 2021, contains the required information t shall provide the number, names, and ing access to broadband service in the	
<2021>	Interim Progress Community Anchor Institutions		

10.52	te Of Return Carrier Additional Documentation	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Ares Code	
<015>	Study Area Name	310777 Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSWeetRacecomgroup.com
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 4 information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CPR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	
(3013) (3014)	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	17, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	The second secon
(2012)	Telecommunications Borrowers)	4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows
*******	(-)	
(3017)	if the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) (•) ()
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of (
(3021)	그 것 않는 그 사람들은 이 집에 없는 사람들이 되었다. 그리고 있다는 것 같아 보니 나를 했다.	
(3021)	Management letter issued by the independent certified public accountant tha if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.33(f)(2), contains:	t performed the company's financial audit.
(3022)	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
(3022)	Borrowers, Underlying information subjected to a review by an independent certified	
(outd)	public accountant	
(3024)		├
	Document(s) for Balance Sheet, Income Statement and Statement of (Cash Flows
		310777mi3026.pdf
(3026)	Attach the worksheet listing required information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310777	
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweat	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 oxt.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acacomgroup.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Ace Telephone Co. of MI, Inc. (Old Mission)

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/22/2014

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 5078966292 ext.

Study Area Code of Reporting Carrier:

310777

Filing Due Date for this form: 07/01/2014

Persons willfully making lalse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 583(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

and the second	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Fmall Address - Fmail Address of person identified in data line <030>	CEMPOT MACACACAMATANA COM

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Is authorized to submit the information reported on behalf of the reporting c					
also certify that I am an officer of the reporting carrier; my re agent; and, to the best of my knowledge, the reports and dat	ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
	ed to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided rting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:					
Name of Authorized Agent or Employee of Agent:					
Signature of Authorized Agent or Employee of Agent:	Date:				
Printed name of Authorized Agent or Employee of Agent:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ag					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Attachments

Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777	
<015>	Study Area Name	Ace Telephone Co. of MI. Inc. (Old Mission)	
<020>	Program Year	2615	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet%acecomgroup.com	
<701>	Residential Local Service Charge Effective Date 1/1/2014		

FCC Form 481

<703>

(700) Price Offerings including Voice Rate Data

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

State	<a2> Exchange (ILEC)</a2>	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
MI	Old Mission		FR	21.15	0.0	0.0	0.0	21.15

(710) Broadband Price Offerings Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI. Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com '

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
MI	01d Mission	24.95	0.0	24 . 95	1.0	0.512	0.0	Other, no limit on usage allows:
MI	Old Mission	39.95	0.0	39.95	4.0	1.0	0.0	Other, no limit on usage allowa
MI	Old Mission	59.95	0.0	59.95	10.0	1.0	0.0	Other, no limit on usage allowa
MZ	Old Mission	34.95	0.0	34 - 95	6.0	1.0	9.0	Other, no limit on usage allowa
		 			-	<u> </u>		
					-			
	-		-					
			-					
	-	-	-		-	-	-	
	 		 			 	<u> </u>	
-			-				-	

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		310777			
<015>	Study Area Name		Ace Telephone Co. of MI, Inc. (Old Mission)			
<020>	Program Year		2015			
<030>	Contact Name - Person U	SAC should contact regarding this data	Cynthia Sweet			
<035>	Contact Telephone Numb	er - Number of person identified in data line <030>	5078966211 ext.			
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	csweetSacecomgroup.com			
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Ol	d Mission)			
<811>	Holding Company	Aca Telephone Association				
<812>	Operating Company	perating Company Ace Telephone Company of Michigan, Inc (Old Mission)				

Affiliates	SAC	Doing Business As Company or Brand Designation	
Ace Telephone Association	351345	AcenTek	
Ace Telephone Association	361345	AcenTek	
Ace Telephone Company of Michigan, Inc	310704	AcenTek	
Ace Telephone Company of Michigan, Inc (Allendale)	310669	AcenTek	
Ace Telephone Company of Michigan, Inc (Drenthe)	310692	AcenTek	

FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form		0	CC Form 481 MB Control No. 3060-09 Ny 2013	886/OMB Control	No. 3060-0819
<010>	Study Area Code	310669				
<015>	Study Area Name	ALLENDALE TEL CO				
<020>	Program Year	2015				
<030>		Cynthia Sweet				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	cnweet@acecomgroup.	com			
					54.313 Completion	54.422 Completion
ANNUA	AL REPORTING FOR ALL CARRIERS				Required (check box who	Required on complete)
<100>	Service Quality Improvement Reporting		(complete attached worksh	sect)	1	MILL
<200>	Outage Reporting (voice)		(complete attached worksh	reet)	/	1
<210>	< check box if no	outages to report		Γ	/	11111
<300>	Unfulfilled Service Requests (voice)					
				Г		11111
<310>	Detail on Attempts (voice)			(attach descriptive docu	ment)	111111
	<u> </u>			1	1	11111
<320>	Unfulfilled Service Requests (broadband) 0			1		77777
<330>	Detail on Attempts (broadband)			(attach descriptive doc		181111
<400>	Number of Complaints per 1,000 customers (voice)			1		
<410>	Fixed 0.0			1	1	1
<420>	Mobile					
<430> <440>	Number of Complaints per 1,000 customers (broadb	and)		12	/	18481
<450>	Mobile 0.0			_		
<500>	Service Quality Standards & Consumer Protection Ru	ules Compliance	(check to indicate certifica	tion)	✓	1
-F10	310669MI510.pdt					
<510>			(ottached descriptive do	cument)		
<600>	Functionality in Emergency Situations	was and the water of the	(check to indicate certificat	tion) [77	7
	310669MI610.pdf		1			
			(attached descriptive docum	nent)	1	1
<610>						
			1	Г	/ h	11111
	Company Price Offerings (voice)		(complete attached worksh	T		11111
<710> <800>	Company Price Offerings (broadband) Operating Companies and Affiliates		(complete attached workshift) (complete attached workshift)	Г	7	13333
2015	Tribal Land Offerings (Y/N)?	(if ye	es, complete attached worksh	1000	/ 16	11111
	Voice Services Rate Comparability 310669MI1010.pdf		(check to indicate certificat	ion)	1	11111
<1010>	310009911010.pdf		(attach descriptive docume	ent)	/ 3	ann
					16	*****
<1100>	Terrestrial Backhaul (Y/N)?	(if n	ot, check to indicate certifica	tion)		11111
<1110>	Towns and Condition for the first		(complete attached worksh	Lee Lee	Trees.	11111
	Terms and Condition for Lifeline Customers Price Can Carriers Proceed to Price Can Additional D	ocumentation Worksh	(complete attached worksh	eet)	11111	
	Price Cap Carriers, Proceed to Price Cap Additional D Including Rate-of-Return Carriers affiliated with Price					
<2000>	movaing nate-of-neturn curriers affiniated with Pric	e cup total extrange (Carriers (check to indicate certification	on)		
<2005>			(complete attached workshe	et)		
	Rate of Return Carriers, Proceed to ROR Additional D	Ocumentation Works		., г	/ 115	11111
<3000>			(check to indicate certification	···	/	A STATES

	ervice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669	
<015>	Study Area Name	ALLENDALE TEL CO	CONTROL OF THE CONTRO
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O •	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	310669XII12.pdf ompany is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)
Data Collection Form

<220>

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310669	
<015>	Study Area Name	ALLENDALE TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSWzet9acecomgroup.com	

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<8>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
	-							-			
	-						·				
	-	-		-				-			
					 					-	

	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	310669	*
<015>	Study Area Name	ALLENDALE TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swoet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet\$acecomgroup.com	
<701> <702>	Residential Local Service Charge Effective Date L/1/2014 Single State-wide Residential Local Service Charge		

	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fer
r	5.510	enorming (reser)	Site (earle)	note type	Service nace	State Sunstrian time charge	State Similar Service 1 co		Total per line ligited and 10
-									
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					- See a	tached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswset@acecongroup.com

<711>

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			See attac	hed				
			Volksheet					

ata Col	perating Companies Election Form		60 () - 201		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
<010>	Study Area Code		310669		
<015>	Study Area Name		ALLENDALE TEL CO		
<020>	Program Year		2015		
<030>	Contact Name - Person	USAC should contact regarding this data	Cynthia Sweet		
<035>			5078966211 ext.		
<039>	Contact Email Address -	Email Address of person identified in data line <030>	csweet@acecomgroup.com		
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Alle	endale)		
<811>	Holding Company	Ace Telephone Association			
<812>		Ace Telephone Company of Michigan, Inc (All	endale)		
<813>		<1e>	<a2></a2>		43>
		Affiliates	SAC	Doi	ng Business As Company or Brand Designation
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	
			See attached wo	rksheet	

	al Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669	
<015>	Study Area Name	ALLENDALE TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <	030> 5076966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <	030> csweet@acecomgroup.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	7	Name of Attached Document
	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920,		*
	trates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select (Yes,No, NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
	nonevers 🕏 entrance ಕರ್ಮದ ಎಂದು ಬಿಡುವಳುವರು. ಮುಖ್ಯವಾದ ಬರುವಾದ ಬರುವಾಗುವ ಮುಂದಾದ ಪ್ರಕ್ರಿಸಿದ ಪ್ರತ್ಯಾತಕ್ಕೆ 👼 🖒		

	Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	csweettacecomgroup.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669	
<015>	Study Area Name	ALLENDALE TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030)> csweet@acecomgroup.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	310565MT1200.pdf	
<1220>	Link to Public Website HTTP		Name of Attached Document
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, absite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	İ	
<1222>	Details on the number of minutes provided as part of the plan,	l	
<1223>	Additional charges for toll calls, and rates for each such plan.	4	

ata Coll	ice Cap Carrier Additional Documentation ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	310669	
<015>	Study Area Name	ALLENDALE TEL CO	······································
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csveet\$acecomgxoup.com	
CHECK th	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(HPC 어떤 어린 경기를 받았다면 하는데 하면 있는데 하면 없는데 없는데 하는데 하는데 하는데 하는데 되었다.	n Cost support to offset access charge reductions, and Connect America Phase II e documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
			The second secon
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification		
<2017> <2018>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification		
<2017> <2018>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification	line 2021, contains the required information t shall provide the number, names, and ing access to broadband service in the	

	te Of Return Carrier Additional Documentation ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
e0105	Study Area Code	
	Study Area Name	310669
<020>	Program Year	ALLENDALE TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSWeetPaceComproup.com
CHECK	he boxes below to note compliance on its five year service quality plan (pursu	and to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 the information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313{f}{1}{i})	
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f/(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	dresses of community anchor institutions to which began
(3012)	Community Anchor Institutions (47 CFR § \$4.313(f)(1)(ii))	
	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report	Name of Attached Document Listing Required information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s) on line 30	017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)		on a serial seri
(3013)	Telecommunications Borrowers)	<u></u>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) ()
Carrier of		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	8
(3019)		a format comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	f Cash Flows
(3021)	Management letter issued by the independent certified public accountant th	nat performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	3
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	DAMES OF THE PARTY
(3023)		
	public accountant	
(3024)		
(2025)	Document(s) for Balanca Sheet, Income Statement and Statement of	310669mi3026.pdf
		244443017466-Mar
(3026)	Attach the worksheet listing required information]
2		1
		Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Study Area Code	310669
Study Area Name	ALLENDALE TEL CO
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
Contact Email Address - Email Address of person identified in data line <030>	cswccl@acccomgroup.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier; ALLENDALE TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/22/2014

Printed name of Authorized Officer: Todd Roeslex

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 5078966292 ext.

Study Area Code of Reporting Carrier:

310669

Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2019
<010>	Study Area Code	33,0669
<015>	Study Area Namo	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting		
also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or	LI Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

	ce Offerings including Voice Rate Data ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	310669			
<015>	Study Area Name	ALLENDALE TEL CO			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet			
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet#acecomgroup.com			
<701>	Residential Local Service Charge Effective Date 1/1/2014				

<703>

<702> Single State-wide Residential Local Service Charge

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
MI	Allendale		FR	19.83	0.0	0.0	0.0	19.83
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